

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 170-202)

SERIAL NO.  
651519

FILING DATE  
8-30-00

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	NO.		NO.	NO.	
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.		NO.	DEP.
1	1						61			61		
2			1				62			62		
3							63			63		
4							64			64		
5							65			65		
6							66			66		
7							67			67		
8							68			68		
9							69			69		
10							70			70		
11	1						71			71		
12							72			72		
13							73			73		
14							74			74		
15							75			75		
16							76			76		
17							77			77		
18							78			78		
19							79			79		
20							80			80		
21							81			81		
22							82			82		
23							83			83		
24							84			84		
25							85			85		
26							86			86		
27							87			87		
28							88			88		
29							89			89		
30							90			90		
31							91			91		
32							92			92		
33							93			93		
34							94			94		
35							95			95		
36							96			96		
37							97			97		
38							98			98		
39							99			99		
40							100			100		
41							TOTAL NO.			TOTAL NO.		
42							TOTAL DEP.			TOTAL DEP.		

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